

IDAHO DEPARTMENT OF CORRECTION
Information Report

IR#: _____ Date: 4/29-4/30/13 Time: 0800-1400
Location: Rigby ITD Shop Type of Incident: Hazardous Materials

Individuals Involved:

Name: <u>Hanson, D.</u>	IDOC#: <u>94034</u>
Name: <u>Valencia, K.</u>	IDOC#: <u>52545</u>
Name: <u>Obermiller, J.</u>	IDOC#: <u>103601</u>

(Add additional rows if necessary)

Information Report (Who, What, When, Where, How, And Why):

On the above dates and times Offenders Hanson, Valencia, and Obermiller were working at the Rigby ITD Shop. Part of the work consisted of chipping off tile flooring in a hallway and break room connected to the mechanics building. After chipping off the tiles the crew was asked by ITD to use a buffer to remove the black adhesive from the tiles that was still on the concrete. All of the Offenders were instructed to wear breather masks and eye protection during the initial chipping and buffering. Water was used to keep airborne dust down while buffering. This work was done on both days.

On 4/30/13 at approximately 0715, Offender Hanson asked me if it was known whether or not any of the tiles had asbestos in them. I later posed this question to Randy Drake (my contact for Rigby ITD) and he did not know. After this I took samples of the ground adhesive as well as parts of the actual floor tile. I have retained these samples for the time being.

The purpose of this report is to document the above work that was done by the Road Crew in the event that this becomes an issue later on. End of report.

--Print Form--

Reporting staff and associate #:
Signature: _____
Submitted to: Sgt. Winters Date: 5/1/13

Supervisory Review

Shift commander/supervisor: _____ Associate ID #: _____ Date: _____
Action(s) taken: _____

Administrative Review

Investigator (if applicable):
Action taken by: _____ Associate ID #: _____ Date: _____
Action(s) taken: _____

Security manager: _____ Associate ID #: _____ Date: _____
Action(s) taken: _____

Deputy warden (equivalent): _____ Associate ID #: _____ Date: _____
Action(s) taken: _____

Deputy warden (equivalent): _____ Associate ID #: _____ Date: _____
Action(s) taken: _____

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Facility head: _____ Associate ID #: _____ Date: _____

Action(s) taken: _____

Filed (location): _____ Date: _____